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# A Preliminary Study of Intergenerational Differences in Masxha Regarding Practice and Attitudes Towards Zulu Traditions During Pregnancy and Birth

Momoko Oyama  
*SIT Study Abroad*

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A PRELIMINARY STUDY OF INTERGENERATIONAL DIFFERENCES IN  
MASXHA REGARDING PRACTICE AND ATTITUDES TOWARDS ZULU  
TRADITIONS DURING PREGNANCY AND BIRTH

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SIT Durban: Community Health and Social Policy, Fall 2016

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## ABSTRACT

In the Zulu culture, several traditions and rituals are practiced during a woman's pregnancy and perinatal period. However, as urbanization spreads and western influences strengthen, these rituals risk being lost. This project aims to capture existing knowledge of these traditions and to assess the intergenerational changes in practice and attitudes towards practicing the rituals.

Information on Zulu traditions practiced during a woman's pregnancy and perinatal period was collected through two interviews and a focus group consisting of three elderly women in Masxha, a Black township in KwaZulu-Natal. Following the interviews and focus group, 32 Masxha residents were recruited to complete a survey aimed at understanding intergenerational changes in practice and perception of the importance of the traditions.

For the purpose of this project, participants 18 to 35 were classified as "younger" and those over 35 as "older." Survey results suggest older Masxha residents believe in the importance of practicing the traditions more than younger residents. Statistical analysis revealed older people are significantly more likely to believe men should not be with a woman while she is giving birth and that a mother must refrain from cooking after she gives birth compared to younger people. Older mothers were also more likely to have practiced the traditions than younger mothers, suggesting a decrease in practice of Zulu traditions. Further study is needed to understand younger people's perceived importance of the traditions and why the practice of the traditions is becoming less common.

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## INTRODUCTION

The Zulu lineage can be traced back to around 1670, and currently, the Zulu people make up an estimated 22% of the South African population (South Africa History Online, 2011, n.p.). However, an increasing number of South Africans, including Zulus, are living in urban areas where houses are closely built, leaving little space to practice traditional rituals and accommodate large gatherings (Central Intelligence Agency, 2016, n.p.). Urbanization is also paralleled by westernization. As preference to live in urban areas increases, many Zulus are living a more western lifestyle where practicing Zulu rituals are less encouraged (Selepe & Thomas, 2000, p. 96). The knowledge of Zulu traditions and rituals is at risk of being lost; thus, I aim to capture the major rituals in writing. I will be focusing on traditions that are practiced during a woman's pregnancy, labor, birth, and the postpartum period. With only three weeks to explore this topic, it was imperative that I narrow my focus to this time frame in order to have sufficient time to learn about the rituals in enough detail to preserve their integrity.

Ngcongo identifies that "Most Zulu customs are modified to meet changing circumstances" (Ngcongo, 1997, p. 1). Both urbanization and westernization have forced many Zulus to adapt to their changing environments. Specifically, in Masxha, a Black township in KwaZulu-Natal, South Africa, many of the elderly residents moved to the area when they were adults; therefore, some may have been raised in more rural areas where the importance of practicing traditional Zulu rituals was instilled in them at a young age. However, the younger residents of Masxha are typically born and raised in Durban, meaning that they have been exposed to western influences since they were very young. This is why I chose to learn about intergenerational changes in attitudes towards practicing the rituals by comparing stories and opinions between older and younger Masxha residents. Which rituals do younger mothers practice? Do younger mothers feel that practicing the rituals is less important compared to the older mothers? These are questions I hoped to answer through my project.

There were two major objectives to this project. First, I strived to identify the major Zulu traditions and rituals that take place during a woman's pregnancy, labor, birth, and postpartum period. The birth of a child is a joyous time and serves as a rite of passage in many cultures, including the Zulu culture. In the past, traditional midwives

attended the mother's birth at home and aided the execution of many of the rituals (Brindley, 1985, p. 101). However, because of western influences and the rise of the HIV/AIDS epidemic, more and more mothers began choosing to give birth in hospitals, leading to a decrease in performance of traditional Zulu rituals (Griffiths, 1981, p. 984). I hoped to preserve the existing knowledge about Zulu rituals during pregnancy and birth by speaking with elderly women in Masxha.

Second, I hoped to understand the intergenerational differences in the Masxha community of attitudes towards practicing these Zulu rituals. There is a wide range of mothers residing in Masxha. Many mothers are in their 20's or 30's and have most likely given birth in a clinic or hospital setting. On the other hand, there are mothers in their 50's, 60's, and 70's who may have witnessed, have personal experience with, or know others who have had traditional births. Older women are also likely to be more knowledgeable about traditional Zulu rituals, as they were raised in a time where western influences were not as strong as it is today. Additionally, there is a large population of women who are not mothers, as well as men. Thus, through conducting surveys and comparing the results between younger and older mothers, women who are not mothers, and men, I aimed to gain an understanding of the changes in attitudes towards practicing Zulu rituals during a woman's pregnancy, labor, birth, and postpartum period.



## LITERATURE REVIEW

### Urbanization/Westernization

South Africa is undergoing a period of rapid urbanization, with 64.8% of the population living in urban areas (Statista, 2016, n.p.). Urbanization and westernization have affected "family life, including sexual partnerships, household formulation rules and patterns, the care of children, and the maintenance of kin networks" (Richter, Makiwane, Rama, & Amoateng, 2015, p. ix). Due to changing "kin networks," cultural groups, including Zulus, have been forced to adapt their traditions and customs to changing circumstances (Richter et al., 2015, p. 69). Ngcongco notes,

Many Zulus are still not sure whether to do away with the tradition in favour of the modern way of life. They have modified most of their rituals because of strong impact of westernization. Western influence has caused people to fail to identify the place and appropriate ways of celebrating these Zulu ceremonies. (Ngcongco, 1997, p. 1)

This modification of traditional practices is evident when it comes to childbirth. Previously, many Zulu women gave birth at home with their grandmother or a traditional birth attendant (Selepe & Thomas, 2000, p. 97). However, by 1988, Chalmers had already identified that an increasing number of women are choosing to give birth in clinics and hospitals in both urban and rural areas (p. 14).

However, the extent to which each Zulu family has been influenced by urbanization and westernization varies depending on "their founding cultural, religious and social values" (Richter et al., 2015, p. 1). By preserving traditional Zulu practices, many people have been able to retain their Zulu identity through this time of social transformation. The goal of my project is to gain an understanding of how much the Masxha community has preserved Zulu traditions and rituals, particularly those practiced during a woman's pregnancy and birth. Furthermore, by speaking with mothers of different generations, I hope to learn if Zulu traditions and rituals have been modified to the modern lifestyle or if some are simply no longer practiced.

## **Imbeleko**

Imbeleko is one of the ceremonies inquired about in the interviews and surveys with the project participants. Imbeleko is a major Zulu ritual practiced after a child is born. The purpose is to welcome the new child to the world and to present him/her to the ancestors. The sequence is as follows. Zulu beer is brewed before the actual ceremony, and the ceremony commences by offering umancishana (a small pot of beer) to the ancestors. It is important to also burn impepho<sup>1</sup> at this point, as impepho is burned at any event where communication with the ancestors is required. The impepho serves as an invitation to the ancestors, and without it, the child cannot be properly welcomed by the ancestors. A goat is then prepared to be slaughtered because similarly to impepho, a goat is always slaughtered during an event where one communicates with the ancestors. The female elder prays to the ancestors and notifies them that the goat is here. While she prays, the child must stroke the goat so that the ancestors can associate the goat with the child. The goat is slaughtered, and the different parts of the goats are used or consumed for various purposes. Finally, the child is anointed with inyongo (bile). The child cannot be bathed until the next day because the inyongo is said to attract the ancestors who will bless and protect the child. The skin of the goat will be used to make isiphandla (a bracelet made of the sacrificed animal's skin), and the child must wear the isiphandla on its right wrist (Ngcongco, 1996).

## **Isihlambezo and Other Traditional Medicines**

When entering the search terms “Zulu traditional birth attendant” and “Zulu traditional midwife,” I found a pharma ethnography written on isihlambezo, a traditional medicine many Zulu women take during pregnancy (Varga & Veale, 1997). Although I plan to focus more on the traditions and ceremonies that are practiced during pregnancy and birth, understanding traditional medicines is key to a holistic understanding of a traditional Zulu woman's pregnancy.

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<sup>1</sup> Impepho: “a shrub which grows in the bush. It is similar to the incense and is burnt when the ritual ceremonies are performed and the family head wants to communicate with the ancestors” (Mnguni, 2006, p. 15).

Many Zulu mothers take traditional medicines during their pregnancy to ensure a healthy baby and easy delivery. The most common traditional medicine is known as isihlambezo. Although the time at which the woman begins taking this medicine varies, Veale, Furman, & Oliver presents isihlambezo as medicine that is taken during the last three months of pregnancy "in order to ensure an easy confinement and healthy foetal growth" (1992, p. 185). Others also add that isihlambezo reduces swelling, which is common during late stages of pregnancy and reduces the amount of vernix that the baby is born with (Chalmers, 1988, p. 13). The woman drinks isihlambezo whenever she is thirsty and "is also used as a vaginal douche" (Veale et al., 1992, p. 185-186). According to Veale et al., the pot containing isihlambezo must be covered at all times, and no one other than the mother can look into the pot or else the isihlambezo may become bewitched and the child risks being born "mentally deranged" (1992, p. 185-186).

Isihlambezo is also used to induce labor if a woman is nearing her due date or if she is overdue. As the due date approaches, the concentration of isihlambezo is increased (Veale et al., 1992, p. 186). If the woman is having a long birth or a difficult delivery, isihlambezo is said to stimulate contractions and augment labor (Chalmers, 1988, p. 13).

Although isihlambezo is the main traditional medicine taken during pregnancy, there are other traditional medicines that are said to produce similar effects. Imbelekisane is a medicine that can also be taken during the pregnancy, and it is also said to induce labor (Veale et al., 1992, p. 186). Umsekelo, another traditional medicine taken during pregnancy, is said to prevent miscarriages and premature births (Veale et al., 1992, p. 186).

Although I found several articles identifying traditional Zulu medicines that are prescribed to women during pregnancy, I did not find information on women's attitudes towards taking these medicines. Thus, in my project, I ask what traditional medicines the participants took during their own pregnancies. I also inquire about the participants' attitudes towards taking the medicines, including whether they think the medicines are effective and safe.

### **Modern Motherhood and Fluidity of Culture**

Although western influences continue to increase, young mothers are still encouraged to adhere to traditional Zulu customs during their pregnancy and postnatal period.

A mother's seclusion following the birth of her child is a traditional practice in Zulu culture, and further details on the practice was provided by the interviews and focus groups with the project participants. This practice is still widely practiced in many Africans societies: Nkani's study of ten teenage mothers in Inanda, South Africa found that eight out of the ten mothers remained in seclusion following their birth (2012, p. 56, 125). Today, many Zulus live a modern lifestyle; however, deviating from cultural norms is still condemned as it is seen as "challenging the hierarchical order of showing respect to their elders," which is an integral part of many African cultures (Nkani, 2012, p. 125). The teenage mothers who did not practice seclusion in Nkani's study risked social reaction, as society often does not accept behavior outside of the norm (2012, p 125). They also reported being harassed and ridiculed by their peers (Nkani, 2012, p 125).

Although culture is often seen as traditions and practices that are passed down from generation to generation, one must not forget that they are also transformed each time they are passed from one person to the next (Gjerde, 2004, p. 141). In addition, knowledge may have traditionally been passed from adults to children, but increasing communication through phones and the Internet has allowed knowledge to be passed from children to children and even children to adults, in various qualities (Gjerde, 2004, p. 142). Furthermore, children are not passive recipients of cultural practices, and their resistance to the dominant adult world transforms cultural practices as well (Gjerde, 2004, p. 142). Thus, culture and cultural practices are "fluid representations shaped, in part, by hegemonic forces" (Gjerde, 2004, p. 141). As Duara articulates, "Practices...are often inherited from the past, but they do not remain of the past" (1996, p. 89).

## METHODOLOGIES

### Sampling Plan

The project took place in the Masxha community, a Black township in KwaZulu-Natal. All participants were Zulu, Black South Africans who were 18 years of age or older.

In order to learn about the major Zulu rituals that take place during a woman's pregnancy, labor, birth, and postnatal period, I conducted semi-structured interviews with two elderly women and a focus group with three elderly women (see Appendix 3). These women were identified as particularly knowledgeable about this topic by Lungelo Makhathini, my homestay brother, who is well integrated into the Masxha community. The participants were initially contacted by phone or by visiting them at their home. On the day of the interview, I interviewed each participant in English at the participant's home.

To determine intergenerational changes in attitudes towards practicing the rituals, I asked a total of 32 Masxha residents to complete a survey. The survey sample consisted of seventeen mothers, five women who are not mothers, and ten men. Participants under 35 years of age were classified as "younger," and those who were 35 or above were classified as "older."

To recruit participants, I visited all of the SIT program host families at their homes. I purposefully chose to recruit host family participants because I have better rapport with them compared to other Masxha community members, and I was more confident in their English reading and comprehension skills. Other participants were recruited with the help of Lungelo Makhathini. The participants were initially contacted by phone or by visiting them at their home. On the day of the survey, I visited them at their home to hand them the survey, and I was available to answer questions if any arose during the survey.

Interview and focus group participants were found through Lungelo Makhathini. Although he is well integrated into the Masxha community, my sample's representativeness of the Masxha community may be a limitation to the project, as he may associate more closely with people of similar socio-economic status to him. Furthermore, all participants had to be fluent in English, which presents a limitation to

the project as many community members only speak isiZulu or only understand minimal English.

### **Data Collection**

I conducted semi-structured interviews with two elderly women and a semi-structured focus group with three elderly women to learn about the Zulu traditions and rituals that take place during a woman's pregnancy and the perinatal period. I chose to conduct semi-structured interviews because I wanted the interview to be a conversation led by the participant. Through semi-structured interviews, I was able to probe further into anything the participant said in reply to a question I had asked. I had the liberty to diverge from the prepared questions and to tap into the knowledge that the individual participant possessed regarding this topic. This was important because not all women had the same knowledge base when it came to Zulu traditions. Some women had grown up in a rural area where traditional births were common, while others had grown up in urban areas where very few women had traditional births even back during their youth. Therefore, I identified what each woman is knowledgeable about, and the semi-structured interview method allowed me to focus in on her strengths.

Before beginning each interview, I prepared several guiding questions inspired by my literature review and my curiosity (see Appendix 3). I used the prepared questions as a starting point for the interview or as a segue into a new topic; however, most of the questions were inspired by the responses the participant gave. Each interview was recorded, with the participant's consent, using a voice recorder on my phone. This helped when referring back to the interview as I worked on the project, and it eliminated the need to take notes during the interview, making the interview feel more like a conversation.

The second part of my project was to conduct surveys with younger and older Masxha residents to learn about intergenerational changes in attitudes towards practicing the traditions. I asked demographic information such as age, religion, and whether he/she grew up in a rural area or an urban area. If the participant was a mother, I inquired about whether she used traditional medicine during her pregnancy, whether the birth took place at a hospital or at home, and if she practiced any of the rituals I identified during the

interview process. For women who are not mothers, I asked them to answer similar questions in the context of if they were to become pregnant. Finally, I asked all participants whether they believe practicing Zulu traditions is important. I chose the survey as the method to gather this data because I can quickly collect information about what each mother did during her own pregnancy and birth and on people's attitudes towards practicing Zulu traditions. Survey results yielded quantitative data, and I analyzed the results in Excel to determine if any relationships exist between one's beliefs and his/her age.

### **Data Analysis**

In the data analysis process, I transcribed the interviews and focus group and then identified the traditions and rituals that emerged during each interview. The information I collected from the interviews was supplemented by secondary source readings to gather any details that were not provided during the interviews.

The information collected from the survey was inputted into Excel. The participants were separated into three groups: mothers, women who are not mothers, and men. The collected data was visualized through histograms, and chi-square tests were used to determine statistical significance.

## **ETHICS**

Each participant in this project gave informed consent after I explained his/her rights as project participants. Before each interview, I explained that the conversation would be recorded, but no one will have access to the recording besides me, and the recording will be deleted upon completion of the project. All participants remain anonymous in this project to protect their identity. Participants were also informed of the possibility of this report becoming published online and that the information collected may be used in the development of a senior thesis project at my home institution.

During both the interviews and surveys, the participant had the option of skipping any question he/she did not feel comfortable answering. I made an effort to create an attentive and affirming space for the participants to make them feel at ease with sharing their stories and opinions.

This study was approved by the Local Review Board (see Appendix 1) and has followed the ethical protocol given in the SIT Study Abroad Statement on Ethics.



## FINDINGS

### I. ZULU TRADITIONS PRACTICED DURING PREGNANCY, LABOR, BIRTH, AND THE POSTPARTUM PERIOD

#### Traditional Medicine

Isihlambezo was a traditional Zulu medicine that I identified through my secondary sources and confirmed during both the interviews and the focus group. Once the woman discovers she is pregnant, she visits a sangoma<sup>2</sup> and receives isihlambezo (Anon. 1, pers. comm., Nov. 05, 2016; Anon. 3, pers. comm., Nov. 06, 2016). One month's worth of isihlambezo is stored in a one-liter bottle, and the mother takes a teaspoon full once in the morning and another in the afternoon every day until the time of birth (Anon. 3, pers. comm., Nov. 06, 2016).

The perceived benefits of isihlambezo vary by family; however, the interview and focus group participants all agreed that isihlambezo is said to promote healthy growth of the unborn child and makes the child grow “healthy and strong” (Anon. 3, pers. comm., Nov. 06, 2016). Additionally, one participant believed that isihlambezo increases fetal movement, while another also added that the medicine can induce labor as the due date approaches (Anon. 3, pers. comm., Nov. 06, 2016; Anon. 2, pers. comm., Nov. 05, 2016). Several of the informants also agreed that if a woman takes isihlambezo throughout her pregnancy, she will have an easy delivery (Anon. 1, pers. comm., Nov. 05, 2016; Anon. 4, pers. comm., Nov. 06, 2016).

Although isihlambezo seems to be the primary traditional Zulu antenatal medicine, one informant described a medicine composed of banana leaves and “fish water,” which is distributed by the sangoma and taken throughout a woman’s pregnancy (Anon. 1, pers. comm., Nov. 05, 2016). This medicine is also taken to promote an easy delivery by making the delivery process “slippery” (Anon. 1, pers. comm., Nov. 05, 2016).

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<sup>2</sup> A Zulu traditional healer. Also known as *inyanga* or *dokotela isiZulu* (Anon. 3, pers. comm., Nov. 06, 2016; Anon. 4, pers. comm., Nov. 06, 2016; Anon. 5, pers. comm., Nov. 06, 2016).

There seems to be regional or familial differences in the traditional medicines a pregnant woman takes, as the same informant added that there are more traditional medicines a pregnant woman can take besides isihlambezo and the banana leaves and fish water concoction; however, the focus group reported that isihlambezo is the only traditional medicine she must take (Anon. 1, pers. comm., Nov. 05, 2016; Anon. 3, pers. comm., Nov. 06, 2016; Anon. 4, pers. comm., Nov. 06, 2016; Anon. 5, pers. comm., Nov. 06, 2016).

### **Determining the Gender**

Two methods were described by which a sangoma determines the gender of the unborn child. Two informants described the process of bone-reading (Anon. 1, pers. comm., Nov. 05, 2016; Anon. 2, pers. comm., Nov. 05, 2016). Many sangomas specialize in divination and possess a collection of small bones, which they throw to communicate with the ancestors (Sebata, 2015, p. 16). The ancestors are aware of the gender of the child and control how the bones end up scattered on the ground; thus, the sangoma can interpret the message from the ancestors by reading the bones and relays the message to the mother (Dagher & Ross, 2004, p. 462).

The focus group described a different process where the sangoma looks at the mother's face to determine the gender of the child (Anon. 3, pers. comm., Nov. 06, 2016; Anon. 4, pers. comm., Nov. 06, 2016; Anon. 5, pers. comm., Nov. 06, 2016). According to these women, "If you're ugly on your face, he [the sangoma] say you're going to get a boy... If I'm pretty he [the child] is a girl" (Anon. 5, pers. comm., Nov. 06, 2016).

However, all informants were clear that the sangoma cannot determine the gender of the child with absolute certainty and described the sangoma's method as "a guess" or as "rumors" (Anon. 1, pers. comm., Nov. 05, 2016; Anon. 2, pers. comm., Nov. 05, 2016; Anon. 3, pers. comm., Nov. 06, 2016; Anon. 4, pers. comm., Nov. 06, 2016; Anon. 5, pers. comm., Nov. 06, 2016). They all reported that only the doctors can truly determine the child's gender by performing an ultrasound (Anon. 1, pers. comm., Nov. 05, 2016; Anon. 2, pers. comm., Nov. 05, 2016; Anon. 3, pers. comm., Nov. 06, 2016; Anon. 4, pers. comm., Nov. 06, 2016; Anon. 5, pers. comm., Nov. 06, 2016).

### **Diet During Pregnancy**

Although one informant reported that the sangoma does not give any dietary advice to pregnant women, the overwhelming consensus was that the sangoma advises pregnant women to eat a healthy diet: “He [The sangoma] knows that I must eat healthy things for the growing of that child” (Anon. 1, pers. comm., Nov. 05, 2016; Anon. 3, pers. comm., Nov. 06, 2016).

The informants explained that the woman must eat a healthy diet and stop any unhealthy habits: “If my mother [I] was a drinker, I stop that. If I’m a smoker, I stop that because for the sake of that baby. I’m supposed to drink healthy things like milk and fruits and vegetables...For protection” (Anon. 3, pers. comm., Nov. 06, 2016). The informants justified the need to eat a healthy diet for both the health of the mother and the child: “You must eat healthy food. You must eat lots of fruits too... So that the baby can be healthy. And you too. Your body must develop well” (Anon. 2, pers. comm., Nov. 05, 2016). One informant also noted the importance of drinking lots of fluids, particularly water: “You must eat healthy food and you must drink a lot of water. Okay, you can drink the juice but a lot of water... Water is better than juice...Some they drink milk. Some they like milk” (Anon. 2, pers. comm., Nov. 05, 2016).

When asked what kinds of foods a mother prepares for herself, one informant reported, “Some they like to eat phuthu<sup>3</sup>, like a pap<sup>4</sup>, some they like to eat phuthu with meat. Some they like to eat spaghetti. Some they like to eat amasi<sup>5</sup>” (Anon. 2, pers. comm., Nov. 05, 2016). When asked if these foods are considered healthy, she replied, “Some they are healthy” (Anon. 2, pers. comm., Nov. 05, 2016).

### **Birth Location**

In preparation for the birth, the entire house is cleaned thoroughly because of the sentiment that the new child cannot be touched by dirty objects (Anon. 3, pers. comm., Nov. 06, 2016). The birth of the child takes place inside a private room at the mother’s house (Anon. 1, pers. comm., Nov. 05, 2016). The old woman in the house will make a

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<sup>3</sup> Traditional crumbly porridge made from maize meal

<sup>4</sup> Traditional porridge made from maize meal. Smoother in texture than phuthu

<sup>5</sup> Traditional fermented, sour milk

big fire inside the birthing room, and she will close all windows and doors (Anon. 3, pers. comm., Nov. 06, 2016). The informants reported that this was done to make the mother hot and therefore encourage her to work hard to birth the baby and feel relief from the heat (Anon. 3, pers. comm., Nov. 06, 2016).

### **Isolation from Men**

When a pregnant woman begins labor, other women in her house, particularly the old Mamas<sup>6</sup> and Gogos<sup>7</sup>, assists the woman and takes care of her during the labor and delivery (Anon. 2, pers. comm., Nov. 05, 2016). If there are no women in the house, female neighbors are called over to assist the mother (Anon. 1, pers. comm., Nov. 05, 2016). One informant described the women as providing support for the mother: "...they say you must push, push. They give you this power. You must push, push. No matter it's pain, you must push, push" (Anon. 2, pers. comm., Nov. 05, 2016).

Men cannot stay with the women when she is in labor or giving birth: "For us, in our culture, only daughter and sister and nurse and me. Not my husband" (Anon. 3, pers. comm., Nov. 06, 2016). When asked why, she responded, "Never ever. How can? He's afraid. She can't look at me when you give the birth baby. That is our culture" (Anon. 3, pers. comm., Nov. 06, 2016).

A woman who is in labor or in the process of giving birth is said to be dirty because she is bleeding, and men are said to become weak if they get too close to the woman (Anon. 3, pers. comm., Nov. 06, 2016). If a man stays with a woman while she is giving birth, his manhood is degraded:

When he sees other men, if he says 'I came to hospital to watch my wife to deliver a child,' since then you are not a man. Go away for us, man. How can you go to watch a woman...Since today you are not a man...For that is our culture. (Anon. 3, pers. comm., Nov. 06, 2016)

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<sup>6</sup> Mama: "Mother" in isiZulu

<sup>7</sup> Gogo: "Granny" in isiZulu

### **Long Labor**

If the labor was taking too long, the woman is given a bottle to blow into (Anon. 1, pers. comm., Nov. 05, 2016; Anon. 2, pers. comm., Nov. 05, 2016). The mother is instructed to put the bottle in her mouth and “they [the Gogo] say they [the mother] must blow in the bottle to try to push hard” (Anon. 1, pers. comm., Nov. 05, 2016). This technique allows the woman to conserve energy and efficiently push to birth the baby: “They say you must push this bottle so that you won’t getting tired” (Anon. 2, pers. comm., Nov. 05, 2016).

Other informants were adamant that the mother must be rushed to the hospital if the delivery is not going smoothly (Anon. 2, pers. comm., Nov. 05, 2016; Anon. 3, pers. comm., Nov. 06, 2016).

Once the child is born, the Gogo cleans the child’s mouth with a cloth to help the child breathe (Anon. 3, pers. comm., Nov. 06, 2016). If the child does not cry, the Gogo will hold the child by the ankles and shake the baby to encourage the release of any fluids in the airways (Anon. 3, pers. comm., Nov. 06, 2016). Once the child is properly breathing, the Gogo will clean the child, check his/her limbs and bones, and wrap him/her in warm blankets (Anon. 3, pers. comm., Nov. 06, 2016).

### **Umbilical Cord**

After the child is delivered, the Gogo will cut the cord by making a measurement: “...my stomach and the knee of that child, that is the measurement” (Anon. 3, pers. comm., Nov. 06, 2016). It was suggested that the cord is cut where it reaches the child’s knee for the benefit of the child’s health; however, there were no further elaborations (Anon. 3, pers. comm., Nov. 06, 2016). When asked what is used to cut the cord, the focus group reported that a new pair of scissors is used after boiling it in salt water for sanitization purposes (Anon. 3, pers. comm., Nov. 06, 2016). However, another informant explained that if there is no blade to cut the cord, they break a glass bottle and use a piece of the glass to cut the cord (Anon. 1, pers. comm., Nov. 05, 2016). One informant reported that cutting the cord at home is too dangerous; therefore, the mother is rushed to the hospital to take care of the cord under proper medical care (Anon. 2, pers. comm., Nov. 05, 2016).

After the cord is cut and the placenta is birthed, the Gogo buries them outside by the garden (Anon. 1, pers. comm., Nov. 05, 2016). No one is allowed to touch the cord or placenta or know where they have been buried (Anon. 3, pers. comm., Nov. 06, 2016). The only ones to know are the Gogo and the ancestors. The ancestors will see the cord and placenta and know that the child has come and that they must bless and protect the child (Anon. 1, pers. comm., Nov. 05, 2016).

### **Post-Birth Celebration**

Following the birth of the child, some families celebrate by informing the ancestors that the child has arrived. Depending on the family's financial situation, either a chicken or a goat is sacrificed inside the house, near the child. If the mother is married, the father of the child sacrifices the animal. If she is not married, the mother's father performs the sacrifice (Anon. 1, pers. comm., Nov. 05, 2016). The Gogo then burns impepho to talk to the ancestors (Anon. 1, pers. comm., Nov. 05, 2016). She tells the ancestors that the child is born, presents the child's name, and asks them to protect the child (Anon. 1, pers. comm., Nov. 05, 2016). The child's grandfather often names the child; however, if there is no grandfather, the child's father will give the name (Anon. 1, pers. comm., Nov. 05, 2016).

### **Seclusion**

Isolation from men continues even after the child is born. The mother must stay inside her room for three months after the birth of the child. During this time, the mother's Gogo, mother, and other aunties take care of the recovering woman by taking care of household chores such as laundry and cleaning (Anon. 1, pers. comm., Nov. 05, 2016). What is of particular importance is that the mother must not cook for her family during this period of three months: "you mustn't go to the kitchen to do some cooking and do some all the stuff. You must stay in the room because you are still dirty" (Anon. 2, pers. comm., Nov. 05, 2016). Although the new mother can cook for herself and for children, she must not cook for other adults because the mother is said to be very weak and dirty after giving birth because she is still bleeding (Anon. 3, pers. comm., Nov. 06,

2016). If she cooks for other adults, her food is said to make them weak as well: "...you make us weak if you cook for us. Cause all your things are weak...You're not fit. And you're still bleeding. You can't cook" (Anon. 3, pers. comm., Nov. 06, 2016). When asked what happens if a man eats food cooked by the new mother, one informant responded, "That is our culture. You know in the olden days, people like to fight wars. So if you [a man] are sitting next to the one having a child, when you go there for a war, you stay there, you live there, and you die" (Anon. 3, pers. comm., Nov. 06, 2016). Thus, the new mother's cooking weakens the man, and consequently, he will end up dying if he goes to war.

During the three months of seclusion, the mother cannot sleep in the same room with her husband: "...you mustn't stay together on the bed. That man must stay to another room. And you, you must stay to another room because you're still dirty (Anon. 2, pers. comm., Nov. 05, 2016). Although he can visit the room to check on the child and the woman, he cannot hold the child until after the three months is over (Anon. 3, pers. comm., Nov. 06, 2016; Anon. 4, pers. comm., Nov. 06, 2016; Anon. 5, pers. comm., Nov. 06, 2016). When I asked what will happen if the father carries the child before the three months is over, one informant replied, "They call it a bad luck" but could not elaborate further (Anon. 1, pers. comm., Nov. 05, 2016).

Once the seclusion period is over, the mother can "come out the room, she can cook, and her husband can carry the child and stay with the child because everything is clean now" (Anon. 3, pers. comm., Nov. 06, 2016).

### **Imbeleko**

Imbeleko is a traditional Zulu ceremony whereby the child is introduced to the ancestors (Anon. 1, pers. comm., Nov. 05, 2016). Depending on the family and their financial state, a goat, sheep, and/or cow is sacrificed (Anon. 1, pers. comm., Nov. 05, 2016; Anon. 3, pers. comm., Nov. 06, 2016). The goat is commonly sacrificed the day before the cow is sacrificed (Anon. 1, pers. comm., Nov. 05, 2016). A traditional bracelet called isiphandla is made out of the sacrificed goat's skin, and the child wears the isiphandla until it rots off (Anon. 3, pers. comm., Nov. 06, 2016). Although not all families make the child wear the isiphandla, it is often seen as proof that the child has

gone through imbeleko (Anon. 3, pers. comm., Nov. 06, 2016; Anon. 4, pers. comm., Nov. 06, 2016; Anon. 5, pers. comm., Nov. 06, 2016). The meat from the animal(s) is boiled and prepared as meals for the all the family members who have gathered to celebrate (Anon. 3, pers. comm., Nov. 06, 2016).

During imbeleko, the Gogo or another old family member burns impepho to talk to the ancestors (Anon. 1, pers. comm., Nov. 05, 2016). She/he introduces the child and the child's name to the ancestors and asks them to bless and protect the child (Anon. 3, pers. comm., Nov. 06, 2016). Without this blessing, the ancestors will not protect the child from the evil spirits, and the child may catch the evil spirits and fall ill easily:

If you not doing that [imbeleko], maybe that baby is going to be sick again and again and again and again, getting sick until you're getting the imbeleko. Some, the baby, they getting faint...weak and faint. So if you go to the sangoma, the sangoma maybe they tell you, you must imbeleko. And you must do the imbeleko. (Anon. 2, pers. comm., Nov. 05, 2016)

Furthermore, without performing imbeleko, the child is believed to face many hardships during his/her life such as when it comes to securing a job, getting married, and having children:

If you not doing that [imbeleko], the things for the child is not straightforward. That is zigzag. It's up and down, up and down. He do funny things. Because of that you just follow that [imbeleko]...When he's older, he must do the right things cause I follow that instructions for the Zulu culture. If you are not following that instructions for the Zulu culture, you will now be sorry. (Anon. 3, pers. comm., Nov. 06, 2016)

The timing of imbeleko varies widely and is primarily determined by the family's financial state. Lots of preparation is required when planning for imbeleko and buying a goat, sheep, and/or cow is expensive. Some families are prepared for imbeleko when the child is three months old, but imbeleko is commonly done around the child's first or second birthday (Anon. 1, pers. comm., Nov. 05, 2016; Anon. 3, pers. comm., Nov. 06,



2016). Others save up until the child is 16 to 18 years old (Anon. 1, pers. comm., Nov. 05, 2016).

### **First Foods**

All informants agreed that the child should be breastfeed when he/she is first born because breast milk is very healthy and will make the child grow strong (Anon. 1, pers. comm., Nov. 05, 2016; Anon. 2, pers. comm., Nov. 05, 2016; Anon. 3, pers. comm., Nov. 06, 2016). When the child is ready for solid food, the informants described a wide variety of foods that the mother prepares for the child:

- Mealie-meal porridge<sup>8</sup>, mashed potato, mashed pumpkin, mashed gem squash (Anon. 1, pers. comm., Nov. 05, 2016)
- Mashed butternut, white porridge, oats (Anon. 2, pers. comm., Nov. 05, 2016)
- Vegetables, tomato, mashed pumpkin, mashed potato, juice from squeezed oranges, cooked apple, cooked pear (Anon. 3, pers. comm., Nov. 06, 2016; Anon. 5, pers. comm., Nov. 06, 2016)

### **Situation Today**

All informants reported that today, women go to the clinic to see the doctor instead of relying exclusively on the sangoma, and they used rhetoric that suggested they trust the doctors' medical advice over the sangomas' traditional healing methods (Anon. 1, pers. comm., Nov. 05, 2016; Anon. 2, pers. comm., Nov. 05, 2016; Anon. 3, pers. comm., Nov. 06, 2016; Anon. 4, pers. comm., Nov. 06, 2016; Anon. 5, pers. comm., Nov. 06, 2016). When asked why the traditions are less practiced today, one informant replied, "Because the doctors help us. You go to the clinic in three months pregnant; you start your clinic. And you know the doctors tell you what you must do, what you must eat, what you don't eat" (Anon. 1, pers. comm., Nov. 05, 2016).

The extent to which women consult a sangoma during pregnancy varies. One informant reported that women no longer see the sangoma "...because doctors told us the sangomas, the traditional medicine, it's not good for the child, for the unborn child. It's

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<sup>8</sup> Traditional porridge made from maize meal. Also known as *pap*.

not good. That is why we follow the doctor's instructions" (Anon. 1, pers. comm., Nov. 05, 2016). Thus, some women have completely abandoned seeking traditional health care during pregnancy. However, this is not the case for everyone. The focus group reported that women consult both the doctor and the sangoma:

We mix. Not using sangoma only. We mix now...to tell me what's happening to my stomach. Sometimes the baby is a breech. He [The doctor] can tell me that it's a breech. Sometimes I'm weak. There's no blood. So the doctors told me, 'You need the blood. You need all that cause you're weak.'...We use both. (Anon. 3, pers. comm., Nov. 06, 2016)

Thus, some women supplement the maternal health care received from the doctor with advice from the sangoma.

When inquiring whether young mothers living in Masxha practice these traditions during pregnancy and birth, I received mixed reactions. One informant reported that despite Masxha being an urban township, the traditions are still practiced (Anon. 1, pers. comm., Nov. 05, 2016). Others reported young mothers are less likely to practice the traditions than older mothers (Anon. 3, pers. comm., Nov. 06, 2016). However, all informants firmly believed that continuing to practice the traditions is important despite increasing western influences and urbanization:

All rural areas, all suburbs, all anywhere. But culture is culture. Yeah, we're not changing our culture...You can't run away from your culture. Never...We're proud for our culture. Each country, or each place, we have a new culture. You can't leave behind. (Anon. 3, pers. comm., Nov. 06, 2016)

## II. INTERGENERATIONAL DIFFERENCES IN ATTITUDES TOWARDS PRACTICING THE TRADITION

### Participant Demographics

Having interviewed my informants, the next stage of the analysis was to determine whether any statistically significant differences concerning attitudes towards the traditions exist between age groups. Additionally, relationships between the mothers' age and their attitudes and practices during their own birth were examined.

Survey data was gathered from 32 Masxha residents, 17 of which were mothers, five of which were women who are not mothers, and 10 of which were men. Demographic information including the participant's age, socio-economic status, religion, and whether he/she grew up in an urban or rural area was collected (see Table 1).

**Table 1: Survey participant demographics**

	<b>Mothers n=17</b>	<b>Women who are not mothers n=5</b>	<b>Men n=10</b>
<b>Age (SD)</b>	51.4 (16.6)	21.2 (3.4)	24.2 (5.4)
<b>Socio-economic status</b>	2 poorer 8 same 3 no answer	5 same	2 poorer 8 same
<b>Religion</b>	15 Christians 1 Traditional Zulu	5 Christians	4 Christians 5 Traditional Zulus 1 None
<b>Location</b>	4 rural 8 urban 1 no answer	1 rural 4 urban	1 rural 9 urban

The ages of the mothers who completed the survey ranged from 21 to 68 years old. For the purpose of this project, mothers between the ages of 21 and 35 are considered "younger mothers," while mothers who are older than 35 years of age are considered "older mothers." The same goes for the entire survey sample. Participants 35 years of age or younger are considered "younger," while participants older than 35 years of age are

considered “older.” In total, 20 younger participants and 12 older participants completed the survey.

### **Statistical Analysis: Perceived importance of practicing the traditions**

To determine the participant’s attitudes towards practicing the traditions, all participants were asked to mark the traditions they believed were important. In order to investigate whether the participant’s age influenced his/her beliefs, chi-squared tests were run on the results of each tradition (see Table 2). Out of the six statements, the statements made about isolation from men during the birth and refraining from cooking for a period of time after the birth yielded p-values of 0.002 and 0.003 respectively, signifying statistical significance. In other words, older people are significantly more likely to believe men should not be with a woman while she is giving birth and that a mother must not cook after she gives birth compared to younger people.

Besides age, the participants reported their religion and whether they grew up in a rural or urban location. To determine if these factors influence one’s belief, chi-squared tests based on religion and location were run on each statement (see Appendix 5 and 6, respectively). The results suggest that whether one grew up in a rural or urban location does not influence one's attitudes towards the traditions. However, when examining the influence of religion, the chi-squared test yielded a p-value of 0.003 for the tradition of a woman's seclusion after giving birth. Thus, the survey results suggest Christians are significantly more likely to believe a mother must stay inside after she gives birth compared to Traditional Zulus.

**Table 2: Chi-square test results on intergenerational differences in attitudes towards practicing the traditions**

<b>Traditions</b>	<b>Chi-Squared Value</b>	<b>P-value</b>	<b>Discussion</b>
<b>Isihlambezo<sup>1</sup></b>	3.02	0.082	Participant's age does not appear to influence whether or not he/she believes in the benefits of isihlambezo
<b>Isolation from Men<sup>2</sup></b>	9.41	0.002	Older people* are <b>SIGNIFICANTLY</b> more likely to believe men should not be with a woman when she is giving birth than younger people**
<b>Seclusion<sup>3</sup></b>	1.28	0.258	Participant's age does not appear to influence whether or not he/she believes a mother must stay inside after she gives birth
<b>Cooking<sup>4</sup></b>	8.53	0.003	Older people are <b>SIGNIFICANTLY</b> more likely to believe a mother must not cook after she gives birth than younger people
<b>Imbeleko<sup>5</sup></b>	0.21	0.647	Participant's age does not appear to influence whether or not he/she believes imbeleko must be done so the child has a good life
<b>Traditions<sup>6</sup></b>	1.28	0.258	Participant's age does not appear to influence whether or not he/she believes it is important to practice Zulu traditions

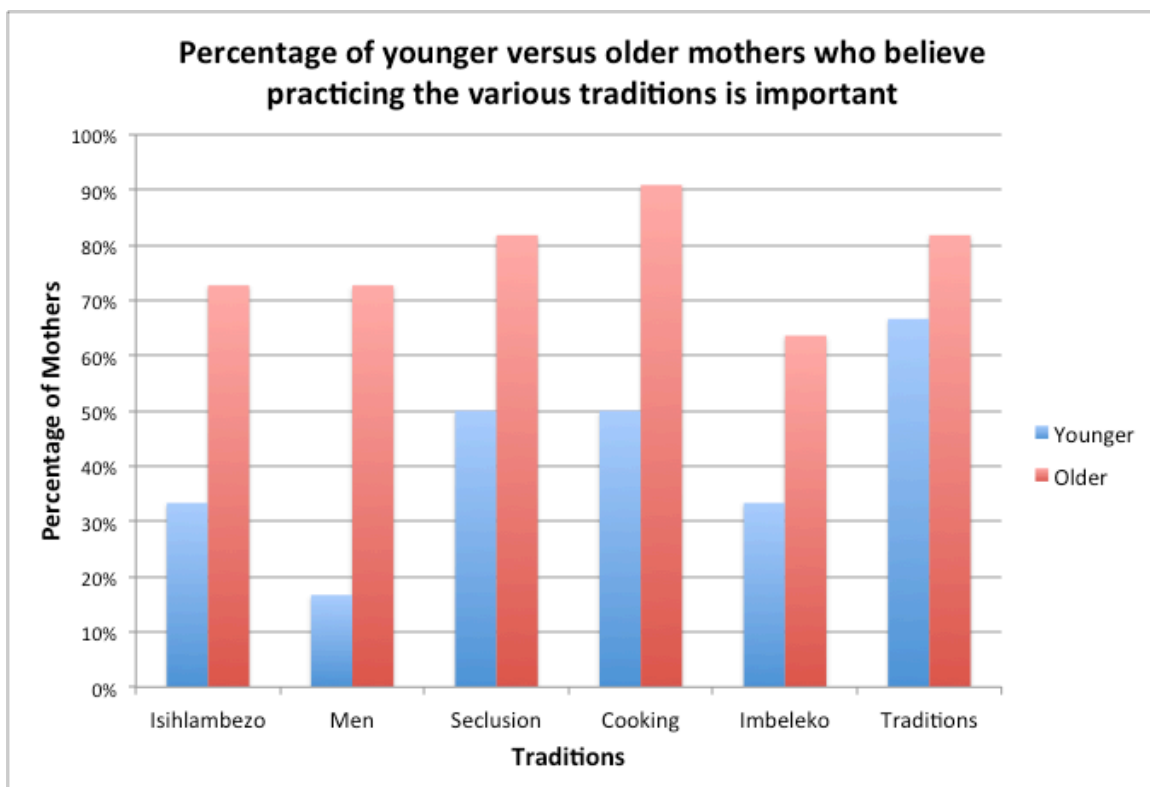
<sup>1</sup>Survey statement: Isihlambezo will help a mother give birth easily.<sup>2</sup>Survey statement: Men should not be with a woman when she is giving birth.<sup>3</sup>Survey statement: A mother must stay inside for a period of time after she gives birth.<sup>4</sup>Survey statement: A mother must not cook for her family for a period of time after she gives birth.<sup>5</sup>Survey statement: It is important to do imbeleko so the child has a good life.<sup>6</sup>Survey statement: It is important to practice Zulu traditions.

### **Relationships between age and attitudes/practices**

Six younger mothers and 11 older mothers completed the survey. For all of the statements regarding the traditions, older mothers tended to believe in the importance of the traditions more than the younger mothers. The tradition with the greatest discrepancy was the tradition “Men should not be with a woman when she is giving birth,” where 73% of older mothers agreed, whereas only 17% of younger mothers agreed.

Younger and older mothers disagreed on the importance of taking isihlambezo during pregnancy as well. While 73% of older mothers believed isihlambezo would help a mother give birth easily, only 33% of younger mothers agreed.

However, despite these differences, 67% of younger mothers and 82% of older mothers agreed that practicing Zulu traditions is important (see Figure 1).

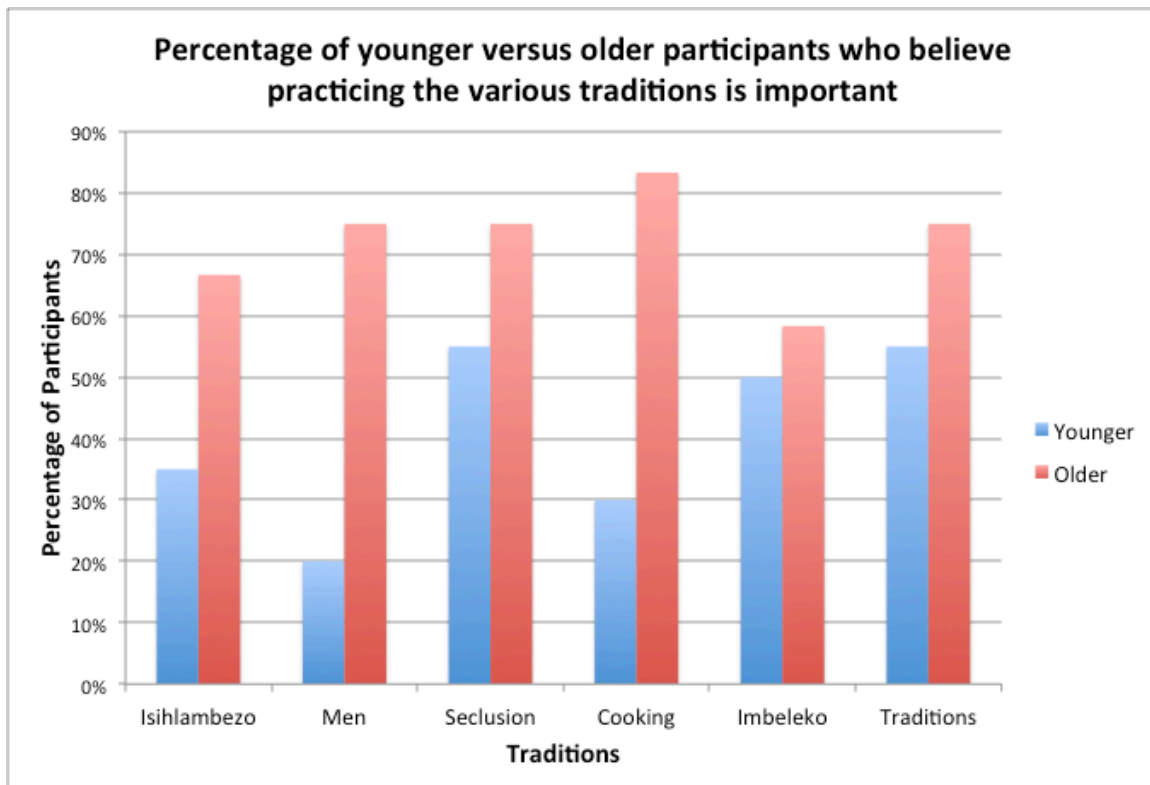


**Figure 1: Percentage of younger versus older mothers who believe practicing the traditions is important**

When comparing the results of all survey participants, a similar trend to what was seen with the mothers arises with regards to attitudes towards practicing the traditions

(see Figure 2). Again, older participants generally felt that practicing the traditions is more important than younger participants, and the tradition that men should not be with a woman while she is giving birth remained the traditions with the greatest discrepancy between older and younger participants.

Interestingly, there was a greater difference in attitudes regarding the importance of imbeleko between younger and older mothers than between younger and older participants.

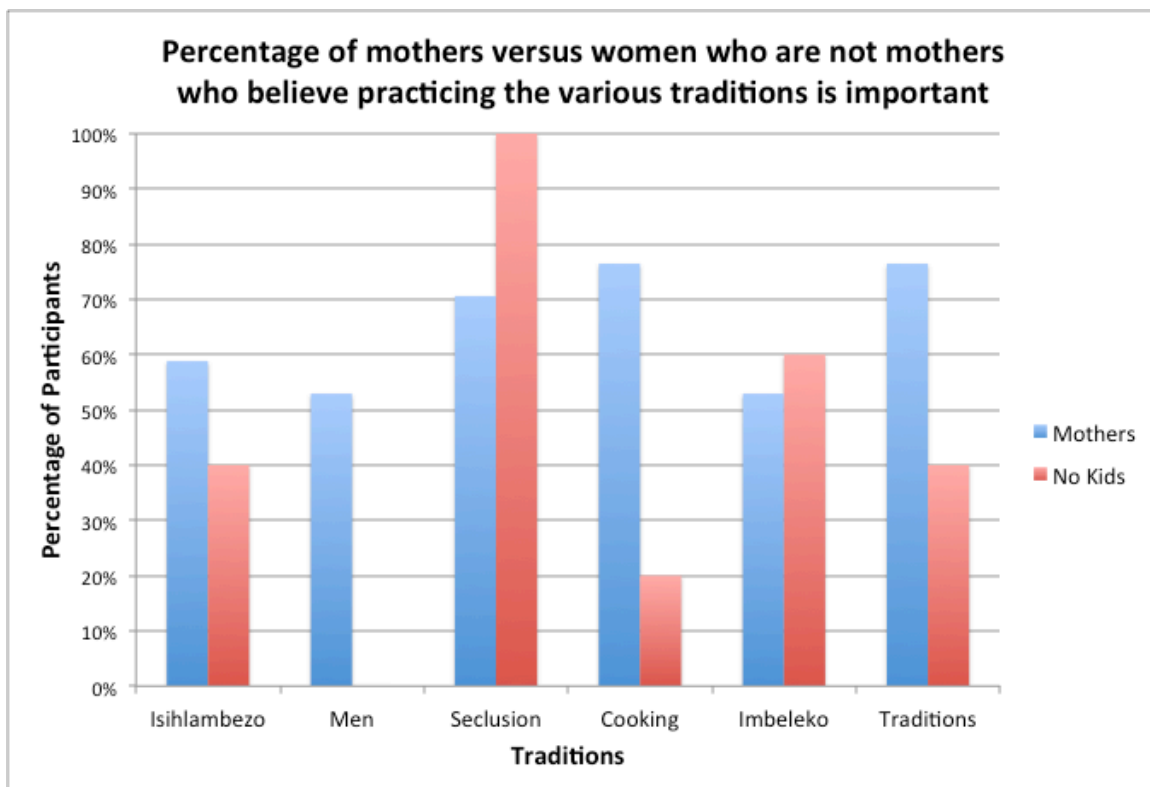


**Figure 2: Percentage of younger versus older participants who believe practicing the traditions is important**

Seventeen mothers and five women who are not mothers participated in the survey. Women who are not mothers generally felt that the traditions were less important compared to the mothers. The most striking difference was the perception towards the tradition of men staying away from a woman while she is giving birth. While 53% of mothers agreed that this tradition was important, no woman who are not mothers agreed.

On the other hand, 100% of women who are not mothers believed that a woman's seclusion after she gives birth was important, while 71% of mothers agreed.

The other tradition where women who are not mothers felt more strongly than the mothers in the tradition's importance was the imbeleko ceremony. 60% of women who are not mothers agreed that the tradition was important, compared to 53% of mothers. However, it is important to note that only five women who are not mothers participated in the survey. Repeating the survey with larger numbers could well change these findings.



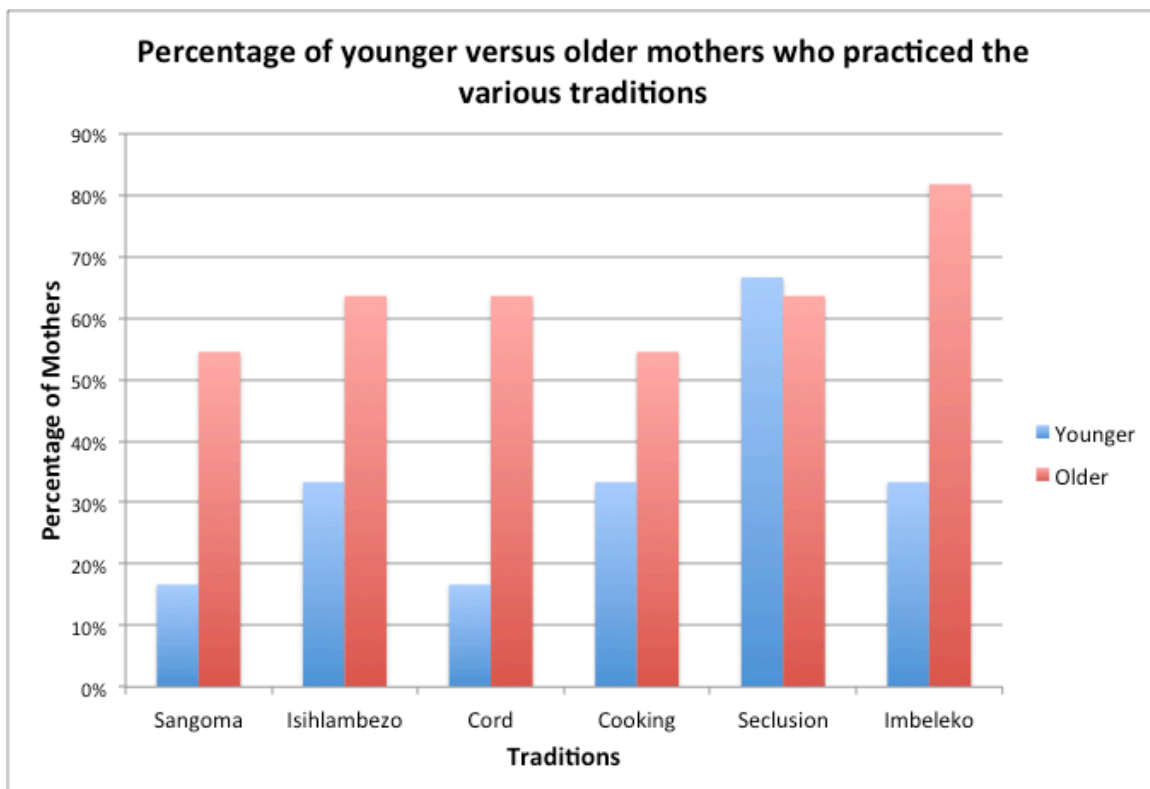
**Figure 3: Percentage of mothers versus women who are not mothers who believe practicing the traditions is important**

### **Practice of the traditions**

After examining the participants' attitudes towards the traditions, I focused in on the mothers to investigate who actually practiced the traditions during their pregnancy. A general trend emerged where younger mothers were less likely to practice the traditions than the older mothers (see Figure 4). With all traditions, more than 50% of older



mothers practiced the traditions, while less than 40% of younger mothers practiced the traditions. The one exception was the tradition of a woman's seclusion after giving birth, where 67% of younger mothers and 64% of older mothers practiced seclusion. The tradition with the largest discrepancy between the two groups was imbeleko: while 82% of older mothers reported having a traditional imbeleko ceremony for their first child, only 33% of younger mothers reported the same. This finding aligns with previous findings that 33% of younger mothers believed imbeleko must be done for the child to have a good life. Indeed, all but one of the mothers who reported to have done imbeleko with their first child reported that they believe imbeleko is important to do so the child has a good life.

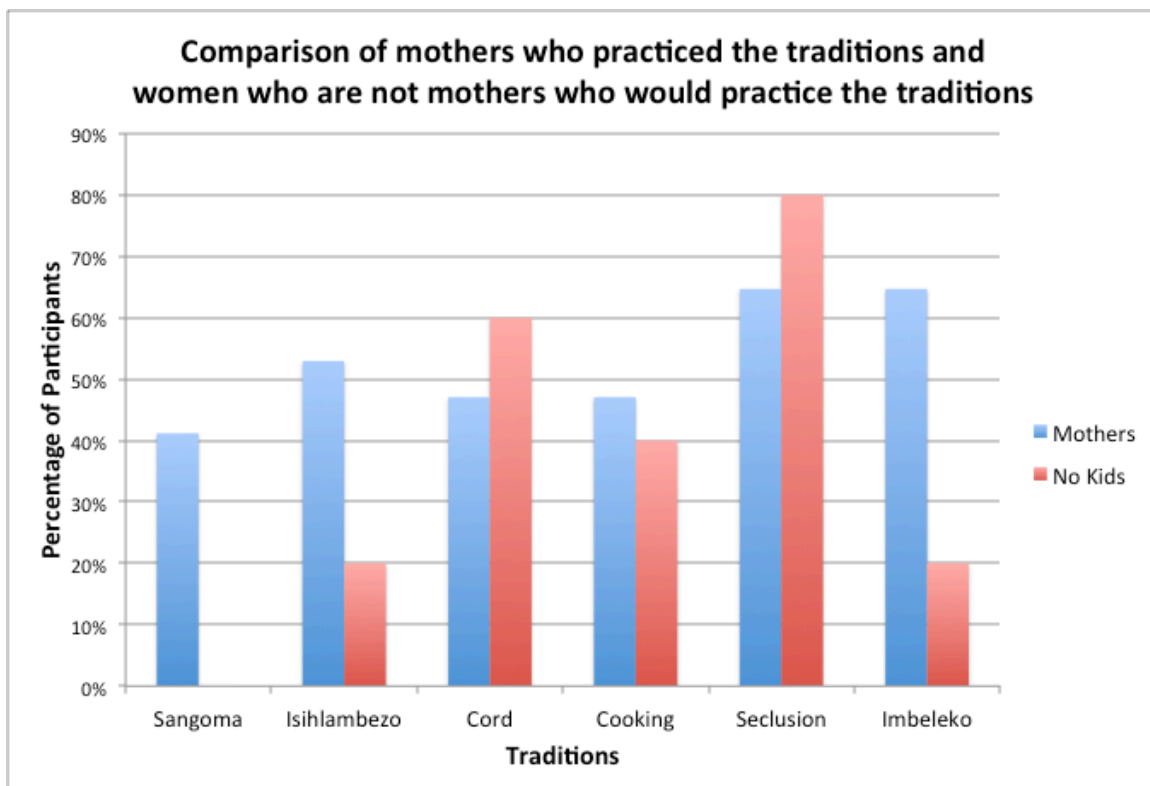


**Figure 4: Percentage of younger versus older mothers who practiced the traditions**

While the survey asked all mothers to identify the traditions they practiced with their first child, women who are not mothers were asked to identify the traditions they *would* practice if they were to have a child. The results gave insight into what traditions women who are not mothers feel are important. For most traditions, the percentage of

mothers who reported practicing the traditions was greater than the percentage of women who are not mothers who reported they would practice the traditions (see Figure 5). The tradition with the greatest difference was imbeleko: 65% of mothers practiced imbeleko, while only 20% of women who are not mothers reported they would practice imbeleko. Additionally, all women who are not mothers reported they would not visit a sangoma during their pregnancy.

The two traditions that did not follow this trend were that of burying the cord of the child and seclusion of the mother following the birth. 80% of women who are not mothers reported they would stay inside for a period of time after giving birth, and 60% said they would bury the umbilical cord of the child outside the house.



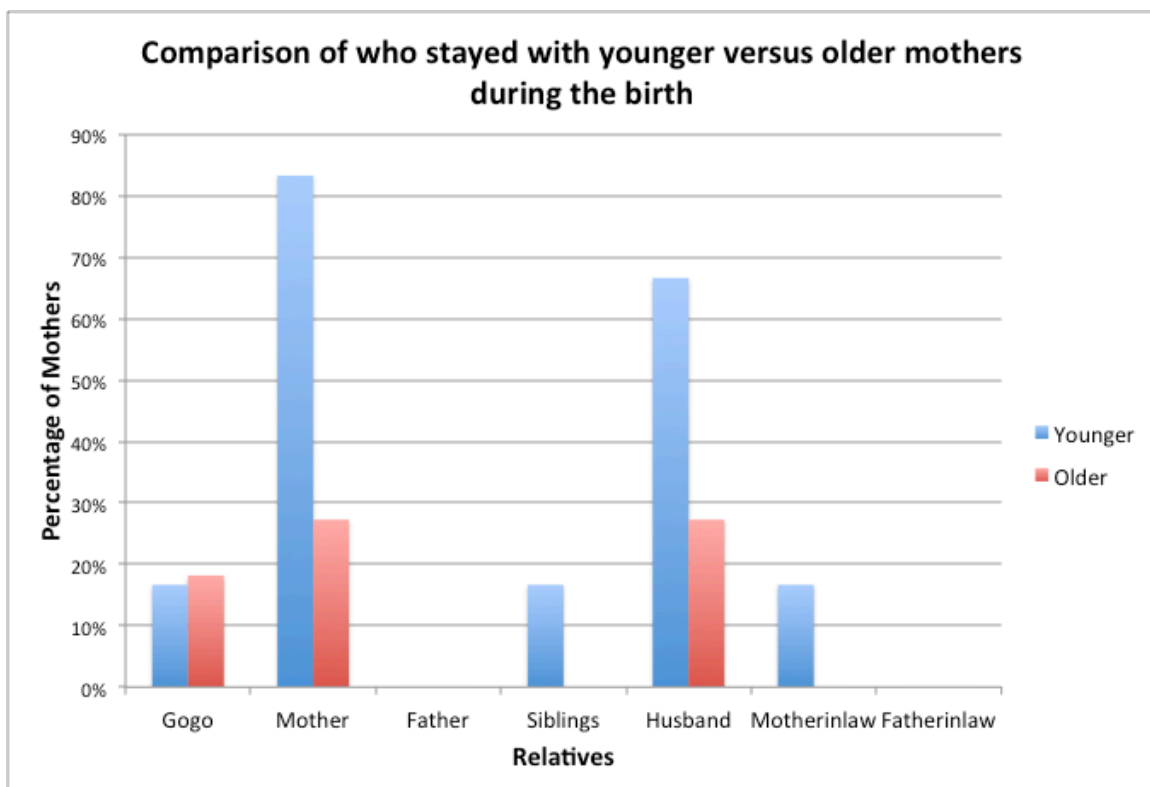
**Figure 5: Comparison of mothers who practiced the traditions and women who are not mothers who would practice the traditions**

All mothers were asked to identify the people who were present during the birth of their first child (see Figure 6). Most younger mothers were in the presence of their own mother (83%) and/or their husband or partner (67%). One young mother reported that her

Gogo, her mother, her siblings, her husband, and her mother-in-law were all with her during the birth.

This is contrary to the responses from the older mothers. Five out of eleven of the older mothers reported having only the doctors and nurses with them during the birth: no relatives. Three of the youngest mothers in the “older mothers” category were with their husband or partner during the birth, but the rest of the older mothers gave birth either alone or with their Gogo and/or mother.

No mother reported having her father or father-in-law with them during the birth.

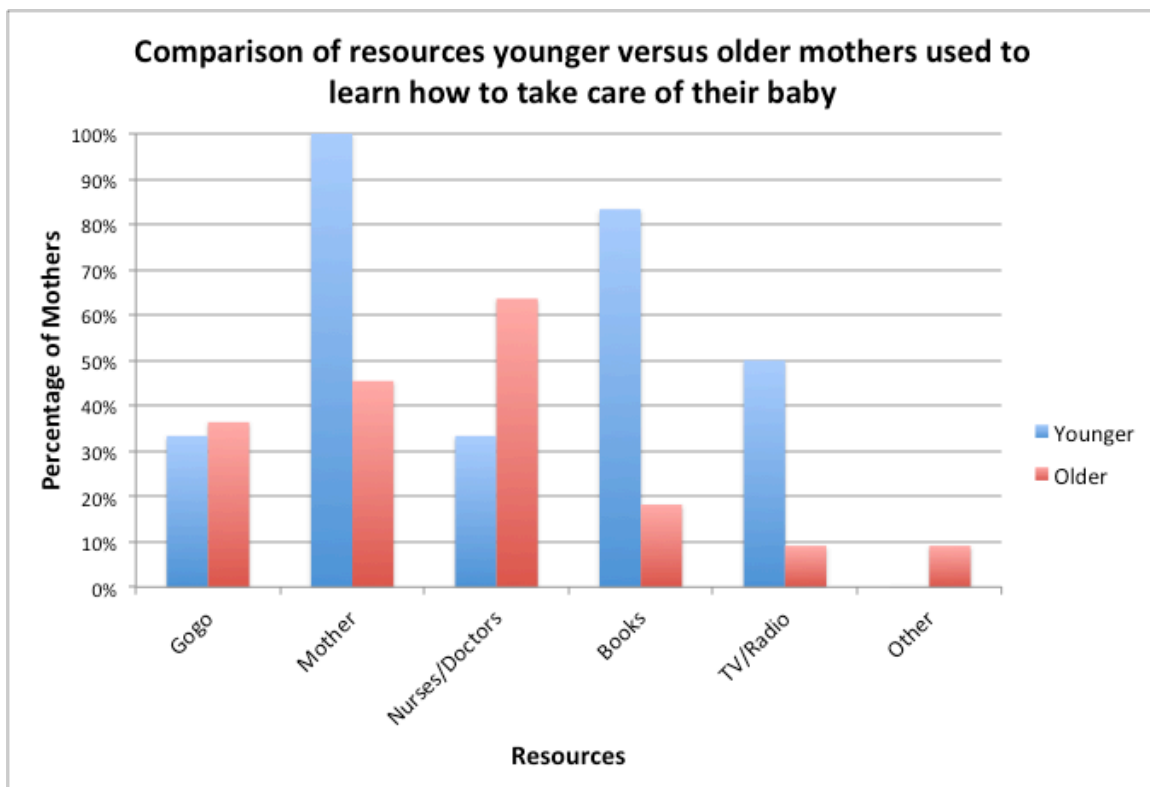


**Figure 6: Comparison of who stayed with younger versus older mothers during the birth**

All mothers were asked to identify the resources she used to learn how to take care of their first child. Older mothers primarily relied on advice from the nurses and doctors at the clinic/hospital they visited for antenatal visits or during the birth (see Figure 7). 45% and 36% of older mothers reported being taught by their mother and Gogo, respectively. Very few older mothers reported receiving information from books

or TV/radio. One older mother reported that her Church community taught her how to take care of her child.

On the other hand, all younger mothers reported that their own mother was a great resource for learning how to take care of the child. The next two most common resources were books and TV/radio. Additionally, fewer mothers are relying on the nurses and doctors for information, as only 33% of younger mothers reported they learned how to take care of the child from them.



**Figure 7: Comparison of resources younger versus older mothers used to learn how to take care of their baby**

## ANALYSIS AND DISCUSSION

### Decreasing acceptance of traditional Zulu healing methods

The survey results strongly suggest a decrease in acceptance of traditional Zulu healing methods such as seeking advice from a sangoma and taking traditional Zulu medicine during pregnancy. 55% of older mothers reported going to the sangoma at least once during their pregnancy, while only 17% of younger mothers reported likewise. Furthermore, 64% of older mothers compared to 33% of younger mothers reported taking isihlambezo during their pregnancy. Although for this project the age that separates younger and older mothers was set at 35, the shift towards increased reliance and trust of western medical doctors seems to have occurred much earlier. However, this finding aligns with a 1988 study which suggested women who are in their mid to late 40's today were already favoring western health practices during their pregnancy and birth (Chalmers, p. 14). Thus, some mothers in the "older" age group could well have already been preferring more western practices such as taking western medicine instead of traditional medicine when they were pregnant with their first child.

During the interviews and focus groups with the elderly women, many spontaneously spoke about their beliefs and opinions towards the sangoma and isihlambezo. One informant was particularly adamant that a woman must not go to the sangoma or take any traditional medicine during her pregnancy:

If you're pregnant you mustn't go the sangoma at all...If you go to the sangoma, the sangoma then give you some muti<sup>9</sup>. If you drink that muti...you'll born the baby maybe like an abnormal baby. You won't born the baby like a normal baby. Because the muti the sangoma they give you to is going to affect the baby inside you, on your stomach. So you have to go to check every month to go to the doctor. You must go and see the scan to the doctor so that you can see how's the baby's doing inside your stomach instead of go to the sangoma. Because the sangoma, they didn't give you like a x-ray...they don't even take you to the ultrasound, the sangoma. But if you go to the doctor, you have to go to check, like

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<sup>9</sup> Muti: "Medicine" in isiZulu

you must go to the scan to check how's the baby growing inside on your stomach.  
(Anon. 2, pers. comm., Nov. 05, 2016)

This informant raises the question of to what extent modern Zulus trust advice from sangomas and of the efficacy of traditional medicines. Previous pharmacological research of traditional Zulu medicines has suggested many of the common herbs used to create traditional antenatal medicines, including isihlambezo, are toxic if taken in large quantities (Veale et al, 1992, p. 190). One plant that some sangomas use to make isihlambezo, *Callilepis laureola*, was found to be potentially fatal even if a small amount is ingested and can induce "confusion, vomiting, diarrhea, convulsions, hypoglycaemia, hepatic failure, renal failure" (Veale et al., 1992, p. 190). Although it is unlikely that mothers are researching the toxicity of the traditional medicines, the doctors at the clinics/hospitals may well be aware of recent research findings and may be discouraging pregnant mothers from taking traditional medicines due to their often unknown dangers.

Traditional medicines are usually obtained directly from the sangoma, which means fewer mothers are visiting the sangoma during their pregnancy; thus, the importance of the sangoma in modern Zulu culture seems to be dwindling. The results of the surveys support this argument, as a smaller percentage of younger mothers reported seeing the sangoma during their pregnancy compared to older mothers. This conclusion concurs with that of Kelatwang and Düvel, who, after studying 147 traditional healers in South Africa, found that a sangoma's average number of clients per month has steadily decreased from 70 to 40 clients between the years of 1995 and 2000 (2002, p. 184-185).

The decrease in reliance on traditional healing methods may also be due to the growing number of Christians in South Africa (Kritzinger, 1994, p.614). Sangomas are mediums between the living and the dead. If an ill, pregnant mother visits the sangoma, the sangoma will communicate with the ancestors to understand why she is sick and what must be done to make her better. However, those who have strong Christian beliefs believe that God is the one person that knows why she is sick, not the ancestors. They ask God to heal her instead of the ancestors. Thus, the increasing number of Christians may be contributing to the decrease in acceptability of sangomas and other traditional beliefs.

Indeed, all but one mother who completed the survey reported that she was a Christian, which may explain why so few mothers saw a sangoma or took isihlambezo during their pregnancy. One informant expressed her denial of traditional beliefs during her interview: “When I start get pregnant, I just go to the clinic. I take the doctor’s advice. Because on my side, I didn’t believe in sangomas. On my side I didn’t believe...I believe in God” (Anon. 1, pers. comm., Nov. 05, 2016). If the survey was repeated with a larger sample, taking care to recruit equal numbers of Christian and Traditional Zulu mothers, the results may suggest a larger percentage of Traditional Zulu mothers employed traditional healing methods during their pregnancy.

### **Decreased acceptance of gendered beliefs and traditions**

The interviews and focus group revealed that during the time of a woman’s birth and for a period of time following the birth, there are gendered beliefs and traditions that men and women must follow, according to the Zulu culture. Upon learning that a woman must not cook for a period of time after she gives birth, I probed the informants to gain an understanding of why this is practiced. The consensus was that the mother must not leave her room or go to the kitchen to cook for her family because she was still “dirty” because she was bleeding (Anon. 2, pers. comm., Nov. 05, 2016; Anon. 3, pers. comm., Nov. 06, 2016).

Many cultures believe that vaginal discharge, whether it is menstrual blood or postpartum discharge, is dirty and fear menstruating women for their polluting powers (Montgomery, 1974, p. 140). Mulaudzi studied the cultural beliefs of VhaVenda culture of South Africa and found that similar to Zulu culture, “The concept of dirt is placed in the context of uncleanness in the form of discharges, such as menstruation and lochia (post-partum discharges)” (2007, p. 53). In addition, the VhaVenda culture, along with some cultures in Ghana, believe not only is vaginal discharge dirty, but it also causes harm to men, such that if a man has sexual intercourse with a woman who has just given birth, “he may suffer from weakness and other physical health-related symptoms” (Mulaudzi, 2007, p. 52). The elderly women I interviewed also explained that a woman who has just given birth is weak, and she has the power to spread her “weakness” to others if she is not secluded (Anon. 3, pers. comm., Nov. 06, 2016). This is why a new

mother must not cook until she stops bleeding. If she does not follow this rule and a man eats food prepared by the mother, he is said to become weak and unfit to fight in wars (Anon. 3, pers. comm., Nov. 06, 2016).

Thus, in traditional Zulu culture, vaginal discharge is considered dirty; therefore, men must not be present during a woman's birth, and the new mother must stay secluded from others and refrain from cooking following the birth to prevent weakening men. However, the survey results suggest that these gendered beliefs are disintegrating. Chi-square analysis yielded results that suggest older people are significantly more likely to believe men should not be with a woman when she is giving birth and that a mother must not cook after she gives birth compared to younger people ( $p=0.002$  and  $p=0.003$ , respectively). In fact, out of the eleven older mothers who completed the survey, ten mothers reported that it is important to refrain from cooking for a period of time after the birth, and eight mothers reported that it is important for men to stay away from a woman giving birth.

Older mothers were also much more likely to believe a man must not be with a woman while she is giving birth. 73% of older mothers held this belief, and only the three youngest mothers in the “older mothers” group out of the 11 older mothers were with their husband/partner during their birth. Surprisingly, almost half of the older mothers reported having no one with them during their birth: only the nurses and doctor. This may be due to a variety of reasons. One of the mothers reported delivering her child by cesarean section; thus, it is understandable that her family was not allowed into the operating room. For the others, perhaps the clinic or hospital they gave birth at did not allow relatives to enter the delivery ward. Another possibility is that the mothers were the only adults in their home; however, this is unlikely as they all reported refraining from cooking after their birth, suggesting there was another adult at home who could take care of the cooking. Nonetheless, very few older mothers reported being with a man during their birth, suggesting most older mothers believe that men must not be present during a woman's birth.

On the other hand, younger mothers were much more open to the idea of having their husband or partner with them during the birth compared to older mothers. Most of the younger mothers were with their mother and/or husband/partner during the birth, and



one mother was only with her husband/partner. Thus, the survey results suggest traditional, gendered beliefs such as a mother's bleeding causes her to be dirty and can weaken men is becoming less and less accepted amongst the younger generations.

The one tradition that younger mothers practiced more than older mothers was that of a mother's seclusion after she gives birth: 67% of younger mothers and 64% of older mothers practiced seclusion. However, the numbers are so close, and only six younger mothers completed the survey; therefore, I believe if the survey was repeated with a larger sample size, the findings would match the rest of the traditions, suggesting a larger percentage of older mothers practiced seclusion compared to younger mothers.

### **Importance of culture**

During the interviews and focus group, all of the women agreed that practicing Zulu traditions is important, no matter one's age or where one lives (Anon. 1, pers. comm., Nov. 05, 2016; Anon. 2, pers. comm., Nov. 05, 2016; Anon. 3, pers. comm., Nov. 06, 2016; Anon. 4, pers. comm., Nov. 06, 2016; Anon. 5, pers. comm., Nov. 06, 2016). They stressed that one's culture is an inherent, unfaltering part of his/her identity, and moving to urban townships or living a modern lifestyle does not change one's belief systems (Anon. 2, pers. comm., Nov. 05, 2016; Anon. 3, pers. comm., Nov. 06, 2016).

The survey results suggest most Masxha residents agree with this notion as well: 75% of older participants and 55% of younger participants reported it is important to practice Zulu traditions. Although 55% seems quite low, 55% or less of younger participants agreed that the five major traditions (taking isihlambezo during pregnancy, men staying away from a woman giving birth, seclusion of the mother following the birth, refraining from cooking following the birth, and conducting an imbeleko ceremony for the child) were important. In other words, most young people agree that practicing Zulu traditions is important, even if they do not believe all of the traditions are important.

The same trend was seen for older participants. 75% or less of older participants agreed that four out of the five traditions were important. The one exception was 83% of older participants agreed that a woman must not cook for her family for a period of time after she gives birth. Thus, some older participants believe a woman must not cook after she gives birth but does not agree that practicing Zulu traditions is important. This may

be explained by one survey participant's explanation for why a mother must not cook following the birth. Traditionally, the mother cannot cook for fear of spreading her "weakness" to other family members, particularly men (Anon. 3, pers. comm., Nov. 06, 2016). However, this mother explained that a mother must not cook because she is weak and tired after her long labor and birth (Anon. 6, pers. comm., Nov. 10, 2016). She cannot stand up long enough to cook because she becomes dizzy; therefore, she must rest and let others take care of the cooking (Anon. 6, pers. comm., Nov. 10, 2016). This participant did not mention anything about the mother being dirty or her ability to spread her "weakness." From this perspective, refraining from cooking after birth no longer is a traditional Zulu practice; it is simply to allow the mother to rest and recuperate from the birth. There may have been more older participants who agreed with this explanation; therefore, the percentage of older participants who agreed with the Zulu tradition that a mother must not cook for a period of time following the birth may have been artificially high.

## CONCLUSION

This project aimed to gain an understanding of intergenerational differences in attitudes towards practicing Zulu traditions during a woman's pregnancy, labor, birth, and postpartum period. The findings cannot be generalized to the entire Masxha community due to the small survey sample size. A follow-up study recruiting a larger number of participants is recommended. Additionally, interviews with younger Masxha residents would be beneficial in understanding the younger generation's perspectives towards traditional Zulu practices. Although this project was limited in time, the results offer preliminary insight into the differences in perceived importance of various traditions and of changes in practice between younger and older community members. Analysis of survey results revealed that in general, older participants believed in the importance of practicing the traditions more than younger participants. Furthermore, younger mothers were less likely to practice the traditions during their pregnancy and birth of their first child compared to older mothers. Chi-square analysis yielded results suggesting older Masxha residents are significantly more likely to believe men should not be with a woman while she is giving birth and a mother must not cook after she gives birth compared to younger Masxha residents. However, despite these findings, most younger participants reported that practicing Zulu traditions is important, suggesting that their lack of enthusiasm for traditions does not compromise their Zulu identity. Further study could explore how the results of this project that took place in an urban township compare with results taken from more rural areas where traditional Zulu practices remain an integral part of daily life.

The interviews and focus group conducted with the elderly women suggest the decrease in trust of traditional healing methods occurred much earlier than I expected. Future study could examine when and why this shift away from traditional healing occurred and how this has affected mothers' willingness to practice Zulu traditions during pregnancy, labor, birth, and postpartum period.

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## **LIST OF PRIMARY SOURCES**

Two interviews with elderly women residents of Masxha:

- Anonymous 1, personal communication, November 05, 2016
- Anonymous 2, personal communication, November 05, 2016

A focus group with three elderly women residents of Masxha:

- Anonymous 3, personal communication, November 06, 2016
- Anonymous 4, personal communication, November 06, 2016
- Anonymous 5, personal communication, November 06, 2016

## Appendix 1: Local Review Board Approval

**SIT Study Abroad**

School for International Training



### Human Subjects Review LRB/IRB ACTION FORM

<p>Name of Student: <i>Momoko Oyama</i></p> <p>ISP Title: <i>A Preliminary Study of Intergenerational changes in Cato Manor regarding attitudes toward Practicing Zulu rituals during pregnancy and birth</i></p> <p>Date Submitted: 31 October 2016</p> <p>Program: Durban Community Health and Social Policy- Fall 2016</p> <p>Type of review:</p> <p>Exempt <input type="checkbox"/></p> <p>Expedited <input checked="" type="checkbox"/></p> <p>Full <input type="checkbox"/></p>	<p>Institution: World Learning Inc.            IRB organization number: IORG0004408            IRB registration number: IRB00005219            Expires: 9 December 2017</p> <p>LRB members (print names):</p> <p>John McGladdery            Clive Bruzas(PhD)            Francis O'Brian(PhD)</p> <p><b>LRB REVIEW BOARD ACTION:</b></p> <p><input checked="" type="checkbox"/> Approved as submitted  <input type="checkbox"/> Approved pending changes  <input type="checkbox"/> Requires full IRB review in Vermont  <input type="checkbox"/> Disapproved</p> <p>LRB Chair Signature: <i>[Signature]</i></p> <p>Date: 31 October 2016</p>
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**Form below for IRB Vermont use only:**

**Research requiring full IRB review. ACTION TAKEN:**

☐ approved as submitted ☐ approved pending submission or revisions ☐ disapproved

*[Signature]*  
 IRB Chairperson's Signature

Date 31 October 2016

## Appendix 2: Consent to Use of Independent Study Project

### SIT Study Abroad

School for International Training



#### *Access, Use, and Publication of ISP/FSP*

Student Name: Momoko Oyama

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Email Address: momoko.oyama@wustl.edu

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Title of ISP/FSP: A Preliminary Study Of Intergenerational Differences In Masxha Regarding Practice And Attitudes Towards Zulu Traditions During Pregnancy And Birth

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Program and Term/Year: SIT South Africa: Community Health and Social Policy / Fall 2016

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Student research (Independent Study Project, Field Study Project) is a product of field work and as such students have an obligation to assess both the positive and negative consequences of their field study. Ethical field work, as stipulated in the SIT Policy on Ethics, results in products that are shared with local and academic communities; therefore copies of ISP/FSPs are returned to the sponsoring institutions and the host communities, at the discretion of the institution(s) and/or community involved.

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Momoko Oyama

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Student Signature

10/21/16

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Date



## **Appendix 3: Interview Guide**

### Pregnancy

1. Can you tell me about the traditional medicines that women took during pregnancy?
  - a. What are the medicines called? Where did she get them? Why did she have to take them?
2. Was there a way you could determine the gender of the baby without going to the clinic? Could a sangoma tell you the gender of the baby? If so, how did she do it?
3. Did the mother have to change her diet when she was pregnant? If so, how/why? What would have happened if she didn't do this?

### Labor

4. Who stayed with the mother when she was in labor?
5. Could the mother have taken medicine to ease the pain?
6. What would have happened if the labor was taking too long? Was there a way to speed up the labor and help the baby come out?
7. Was there a way to call the ancestors for help during the labor?

### Delivery

8. Where did the birth take place? How was the location prepared for the birth?
9. Who assisted the mother during the birth?
10. What did you do with the afterbirth?
11. What did you do with the umbilical cord?

### Postpartum

12. Did the mother and child have to stay inside the house for a certain amount of time after the birth? Why?
  - a. Who took care of the mother and child during this time?
13. Was there a naming ceremony? Who chose the name? How was the name chosen?
14. Did the mother have to change her diet after the birth?
15. Is there a celebration that happens after the baby is born?

### Infancy/Toddlerhood

16. Can you tell me about the imbeleko ceremony?
17. Is there a traditional first solid food that a Zulu child eats?

### Opinions

18. What is your opinion on the importance of practicing these traditions even today?

## Appendix 4: Survey

Gender: \_\_\_\_\_

Age: \_\_\_\_\_

Survey: Zulu Traditions Practiced During Pregnancy and Birth

1. My family is a. RICHER  
b. SAME than most families in Masxha.  
c. POORER

2. My religion is \_\_\_\_\_

3. I grew up in a a. RURAL AREA  
b. URBAN AREA  
c. OTHER (PLEASE EXPLAIN) \_\_\_\_\_

4. Tick (✓) the statements you agree with:

- ☐ Isihlambezo will help a mother give birth easily.
- ☐ Men should not be with a woman when she is giving birth.
- ☐ A mother must stay inside for a period of time after she gives birth.
- ☐ A mother must not cook for her family for a period of time after she gives birth.
- ☐ It is important to do imbeleko so the child has a good life.
- ☐ It is important to practice Zulu traditions.

***MALES: END OF SURVEY***

***MOTHERS: ANSWER QUESTIONS 5-10 ABOUT YOUR FIRST BABY***  
***WOMEN WHO ARE NOT MOTHERS: ANSWER ONLY QUESTION 11-14***

5. Tick (✓) all that you agree with:

- ☐ I saw a sangoma at least once during my pregnancy.
- ☐ I took isihlambezo and/or other traditional medicines during my pregnancy, labour, and/or birth.
- ☐ I gave birth in a clinic or hospital.
- ☐ I gave birth at home.
- ☐ I gave birth somewhere else. Please explain: \_\_\_\_\_
- ☐ After my baby was born, I buried the cord outside the house.

6. How did you learn how to take care of your baby? Tick (✓) all that applies:

- ☐ My Gogo ☐ My mother ☐ Nurses/Doctors
- ☐ Books ☐ TV/Radio
- ☐ Other (please specify): \_\_\_\_\_

7. When you were pregnant, how many times did you go to the antenatal clinic before your baby was born?

- a. 0 times      b. 1 time      c. 2 times      d. 3 times      e. 4 or more times

8. How did you give birth?

- ☐ Naturally (no western or traditional pain medicine)
- ☐ With western pain medicine
- ☐ With traditional Zulu pain medicine
- ☐ C-section

9. Who was with you during your labour and birth? Tick (✓) all that applies:

- ☐ My Gogo
- ☐ My mother
- ☐ My husband/partner
- ☐ My mother-in-law
- ☐ Others (please explain): \_\_\_\_\_
- ☐ My father
- ☐ My father-in-law
- ☐ My siblings

10. Tick (✓) all that you agree with:

- ☐ I had a traditional imbeleko ceremony for my first baby.
- ☐ I avoided going outside for a period of time after the birth of my first baby.
- ☐ I did not cook for my family for a while after I gave birth.

### ***MOTHERS: END OF SURVEY***

11. Tick (✓) all that you agree with:

If I become pregnant...

- ☐ I would see a sangoma at least once during my pregnancy.
- ☐ I would take isihlambezo and/or other traditional medicines during my pregnancy, labour, and/or birth.
- ☐ I would prefer to give birth in a clinic or hospital.
- ☐ I would prefer to give birth at home.
- ☐ I would prefer to give birth somewhere else. Please explain: \_\_\_\_\_
- ☐ I want to bury the baby's cord outside my house.

12. Who would you like to have present during labour/birth? Tick (✓) all that applies:

- ☐ My Gogo
- ☐ My mother
- ☐ My husband/partner
- ☐ My mother-in-law
- ☐ Others (please explain): \_\_\_\_\_
- ☐ My father
- ☐ My father-in-law
- ☐ My siblings

13. How would you like to give birth?

- ☐ Naturally (no western or traditional pain medicine)
- ☐ With western pain medicine
- ☐ With traditional Zulu pain medicine
- ☐ C-section

14. Tick (✓) all that you agree with:

If I become pregnant...

- ☐ I will have a traditional imbeleko ceremony for my first baby.
- ☐ I will avoid going outside for a period of time after the birth of my first baby.
- ☐ I will not cook for my family for a while after I give birth.

### ***END OF SURVEY***

## Appendix 5: Chi-square test results – religion

Chi-square test results on religious differences in attitudes towards practicing the traditions

Traditions	Chi-Square Value	p-value	Discussion
<b>Isihlambezo<sup>1</sup></b>	0.06	0.810	Participant's religion does not appear to influence whether or not he/she believes in the benefits of isihlambezo
<b>Isolation from Men<sup>2</sup></b>	0.54	0.463	Participant's religion does not appear to influence whether or not he/she believe men should not be with a woman when she is giving birth
<b>Seclusion<sup>3</sup></b>	8.87	0.003	Christians are <b>SIGNIFICANTLY</b> more likely to believe a mother must stay inside after she gives birth than Traditional Zulus
<b>Cooking<sup>4</sup></b>	1.65	0.200	Participant's religion does not appear to influence whether or not he/she believe a mother must not cook after she gives birth
<b>Imbeleko<sup>5</sup></b>	0.06	0.810	Participant's religion does not appear to influence whether or not he/she believes imbeleko must be done so the child has a good life
<b>Traditions<sup>6</sup></b>	0.11	0.740	Participant's religion does not appear to influence whether or not he/she believes it is important to practice Zulu traditions

<sup>1</sup>Survey statement: Isihlambezo will help a mother give birth easily.

<sup>2</sup>Survey statement: Men should not be with a woman when she is giving birth.

<sup>3</sup>Survey statement: A mother must stay inside for a period of time after she gives birth.

<sup>4</sup>Survey statement: A mother must not cook for her family for a period of time after she gives birth.

<sup>5</sup>Survey statement: It is important to do imbeleko so the child has a good life.

<sup>6</sup>Survey statement: It is important to practice Zulu traditions.

## Appendix 6: Chi-square test results – location

Chi-square test results on differences in attitudes towards practicing the traditions based on whether the participant grew up in a rural or urban location

Traditions	Chi-Square Value	p-value	Discussion
<b>Isihlambezo<sup>1</sup></b>	1.96	0.162	Whether the participant grew up in a rural or urban area does not appear to influence whether or not he/she believes in the benefits of isihlambezo
<b>Isolation from Men<sup>2</sup></b>	0.03	0.853	Whether the participant grew up in a rural or urban area does not appear to influence whether or not he/she believes men should not be with a woman when she is giving birth
<b>Seclusion<sup>3</sup></b>	2.38	0.123	Whether the participant grew up in a rural or urban area does not appear to influence whether or not he/she believes a mother must stay inside after she gives birth
<b>Cooking<sup>4</sup></b>	0.318	0.573	Whether the participant grew up in a rural or urban area does not appear to influence whether or not he/she believes a mother must not cook after she gives birth
<b>Imbeleko<sup>5</sup></b>	1.07	0.301	Whether the participant grew up in a rural or urban area does not appear to influence whether or not he/she believes imbeleko must be done so the child has a good life
<b>Traditions<sup>6</sup></b>	2.38	0.123	Whether the participant grew up in a rural or urban area does not appear to influence whether or not he/she believes it is important to practice Zulu traditions

<sup>1</sup>Survey statement: Isihlambezo will help a mother give birth easily.

<sup>2</sup>Survey statement: Men should not be with a woman when she is giving birth.

<sup>3</sup>Survey statement: A mother must stay inside for a period of time after she gives birth.

<sup>4</sup>Survey statement: A mother must not cook for her family for a period of time after she gives birth.

<sup>5</sup>Survey statement: It is important to do imbeleko so the child has a good life.

<sup>6</sup>Survey statement: It is important to practice Zulu tradition.

